



STATE OF MICHIGAN APPLICANT INFORMATION SHEET

INSTRUCTIONS:

PLEASE COMPLETE THE ATTACHED FORM ACCORDING TO THESE INSTRUCTIONS. KEEP THE INSTRUCTIONS AND A COPY OF THE FORM FOR YOUR RECORDS.

1. **NAME:** Print your name, last name first, on the attached form.

PRE-EMPLOYMENT INFORMATION: Certain federal, state, and Civil Service Commission regulations require that the Department of Civil Service establish and keep records concerning employment practices. The following questions help fulfill these requirements. The Department of Civil Service uses this information only for statistical reports and other lawful uses. The information provided will be used to monitor recruitment and selection practices in the state's classified service.

The information requested in questions 2-6 is protected by federal and/or state privacy and confidentiality laws. Submitting this information is voluntary.

2. **SOCIAL SECURITY NUMBER:** Write your social security number in the space provided.

3. **MULTIRACIAL:** Michigan Public Acts 88 and 89 of 1995 require that we ask the following question: Are you multiracial? (Do you have biological parents from more than one of the broad race groups listed below?) Enter **YES** or **NO**.

4. **RACE:** Place an X in the appropriate area on the form to indicate your race:
White, Black, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander.

5. **GENDER:** Place an X in the appropriate area on the form to indicate your gender.

6. **ACCOMMODATION INFORMATION:** If you meet federal handicapper eligibility requirements, you may be designated in the selection process as an individual with a disability. Any information you submit about your disability will **not** be disclosed. If you wish to participate in the program, indicate **YES**. The department of Civil Service will mail you a Handicapper Designation form (CS-944) to establish your handicapper record.

7. **WORK SCHEDULE:** The State of Michigan employs individuals for the following types of work schedules. Please indicate the type of work schedule for which you are available.

Full-time (40 hours per week)

Limited term (appointments expected to last two years or less)

Part-time (less than 40 hours per week)

Intermittent (hours vary based on work load)

Seasonal (work is limited to part of the year)

Non-Career (jobs last less than 720 hours in a year with no employee benefits)

8. **ARE YOU A STATE EMPLOYEE?** If yes, please write the name of the department/agency in which you work.

9. **MINIMUM HOURLY RATE:** Please indicate the minimum hourly rate that you would accept. You will most likely not be considered for any positions that have an hourly rate below your indicated minimum.

10. FELON CONTACT: Are you willing to accept a position that may bring you in contact with convicted felons? Check **YES** or **NO**.

11. VETERANS PREFERENCE: You may be eligible for preference points if an examination is part of the employment process. If you are an eligible veteran, please provide your date of release from active service and indicate the category for which you qualify. (You must include **COPIES** of the documents requested.)

- Veteran released from active service within the last five years. (A copy of your honorable release from active service.)
- Disabled veteran with at least 10 percent disability. (A copy of the verification letter from the Veteran's Administration.)
- Spouse of disabled veteran with 51 percent or more disability. (Copies of the spouse's honorable discharge, verification of the disability, and the marriage certificate.)
- Spouse of deceased veteran. (Copies of the spouse's honorable discharge and marriage and death certificates.)
- Spouse of deceased veteran with minor children. (Copies of the spouse's honorable discharge, marriage and death certificates, and birth certificates for the minor children.)

12. LOCATIONS OF INTEREST: Identify, by regional locations designated on the map provided, the areas in which you are available to accept employment **Check the appropriate code** (e.g.; WUP, CUP).



STATE OF MICHIGAN APPLICATION INFORMATION WORKSHEET

Please complete this form in accordance with the State of Michigan Applicant Information sheet Instructions and return it along with your resume and any other required documents.

1. NAME _____
LAST FIRST MIDDLE INITIAL
2. SOCIAL SECURITY NUMBER _____ / _____ / _____
3. MULTIRACIAL? YES _____ NO _____
4. RACE WHITE _____ BLACK _____ HISPANIC _____
INDIAN INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER _____
CHOOSE NOT TO ANSWER _____
5. GENDER MALE _____ FEMALE _____ CHOOSE NOT TO ANSWER _____
6. ACCOMMODATION INFORMATION DISABILITY YES _____ NO _____
7. WORK SCHEDULE (CHECK THOSE DESIRED) FULL TIME _____ LIMITED TERM _____
PART TIME _____ INTERMITTENT _____ SEASONAL _____ NON-CAREER _____
8. STATE EMPLOYEE? YES _____ NO _____
DEPARTMENT NAME _____
9. MINIMUM HOURLY RATE \$ _____
10. FELON CONTACT? YES _____ NO _____
11. VETERANS PREFERENCE YES _____ (IF YES, CHECK APPROPRIATE BOX BELOW) NO _____
VETERAN _____
DISABLED VETERAN _____
SPOUSE OF DISABLED VETERAN _____
SPOUSE OF DECEASED VETERAN _____
SPOUSE OF DECEASED VETERAN W/MINOR CHILDREN _____
12. GEOGRAPHIC AVAILABILITY (CHECK THOSE DESIRED BELOW)
WESTERN UPPER PENINSULA (WUP) _____
CENTRAL UPPER PENINSULA (CUP) _____
EASTERN UPPER PENINSULA (EUP) _____
NORTHERN LOWER PENINSULA (NLP) _____
SOUTHWEST (SW) _____
MID-MICHIGAN (MID) _____
SOUTHEAST (SE) _____